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25944 7 OLIFF & BERR P.O. BOX 320850 ALEXANDRIA,	I her	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTO			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/540,972	08/31/2005	Kenichi Ishiga			124436		9268
TITLE OF INVENTION:	IMAGE PROCESSING	GAPPARATUS AND IM			·····		T. DATE DIE
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510 \$1510		\$1510	11/26/2010
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS				
DESIRE, GREGORY M		2624	382-275000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNED Nikon Corpo	ss an assignee is identi in 37 CFR 3.11. Comp NEE	fied below no assignee	data will appear on the part a substitute for filing an (B) RESIDENCE: (CITY Tokyo, Jap	atent. If an assignassignment.  and STATE OR C	COUNT	RY)	ocument has been filed for
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Issue Fee of T	oreviously postable small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Statu	SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMA	LL EN	FITY status. See 37 CF	FR 1.27(g)(2).
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Authorized Signature _	Ja					er 4, 2010	
Typed or printed name		3. Whitehead		Registration 1	No	61,989	
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